

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Brad McCloud</b>									
Full Name of Contributor <b>Reynoldsburg Republican Club</b>							Registration Number, if PAC		
Street Address <b>8785 Linick Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Y <b>5</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>R Kevin Kerns</b>							Registration Number, if PAC		
Street Address <b>1902 Lake Shore Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	Y <b>2</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Robert Darragh</b>							Registration Number, if PAC		
Street Address <b>834 Skylark</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>1</b>	D <b>2</b>	Y <b>0</b>	Y <b>7</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Stephen Dackin</b>							Registration Number, if PAC		
Street Address <b>8733 Taylor Woods DR</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>1</b>	D <b>2</b>	Y <b>0</b>	Y <b>7</b>	Amount <b>\$100.00</b>
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,400.00**